

STATEMENT*

ON

The Place of Preceptorship Programs in the Medical School Curriculum

BY

COMMITTEE ON MEDICAL EDUCATION
THE NEW YORK ACADEMY OF MEDICINE

IT appears to be the consensus of those concerned with medical education and the delivery of medical care that there is an inadequate number of physicians engaged in the delivery of primary care.¹⁻⁸

According to the Coordinating Council on Medical Education (CCME),¹ "A primary care physician (or group of physicians) is one who establishes a relationship with an individual or a family for which he provides continuing surveillance of their health care needs, comprehensive care for the acute and chronic disorders which he is qualified to care for, and access to the health care delivery system for those disorders requiring the services of other specialists." The CCME goes on to state that "as a national goal, schools of medicine should be encouraged to accept voluntarily a responsibility for providing an appropriate environment that will motivate students to select careers related to the teaching and practice of primary care."

According to the CCME, an appropriate environment would be one that involves the operation of family-practice clinical services in such a way that medical students are exposed to suitable career models in family medicine. This, in essence, is also the recommendation of Alpert and Charney,⁶ and the position taken by a recent editorial in the *Annals of Internal Medicine*.⁹ Such an environment might be provided in a hospital outpatient department, in a medical school clinic or free-standing clinic, in a group practice, or in the office of a solo practitioner. It is with this last category that we are particularly concerned in this statement.

The apprenticeship of medical students to practicing physicians (now known as preceptorships) is by no means a new idea. Prior to 1910 and the Flexner report it was the common practice in this country.

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Preceptorship programs are widely in effect in the British Isles, other European countries, and Israel. In spite of this, there is little or no hard evidence that the programs in these countries have been effective either in encouraging medical students to become general practitioners or in improving the quality of primary medical care. According to Alpert and Charney, most of the studies evaluating the preceptorships in the United Kingdom have been based on opinion.⁶

In 1963 the World Health Organization published a series of papers on the preparation of the physician for general practice.¹⁰ In this publication, John R. Ellis, at that time secretary of the Association for the Study of Medical Education, England, remarks¹¹ "As to methods of education and training, it is obvious that there is room for every method now known, including apprenticeship, which has played so great a part in medical education in the past." In the same volume R. Berfenstam, professor of social medicine, University of Uppsala, Sweden, has written: "In considering what is the most appropriate stage at which to impart to the student the more specific knowledge and experience, we must decide whether they arise from unproven empirical data or whether they are based on science. Empirical knowledge can be gained only by the time-honoured process of apprenticeship to a good physician-teacher—by meeting clinical problems together with him."

In the United States a somewhat different point of view was expressed in the report of the Citizens Commission on Graduate Medical Education¹¹ as follows:

Although previous experience with preceptorships has usually been unsatisfactory, we believe that it may be possible and practical in some cases to arrange for a portion of the graduate period to be spent in a well-supervised preceptorship in a group practice. This arrangement, however, would provide the young physician with realistic and valuable experience only if the group were willing and qualified to assume serious educational responsibilities. Such an arrangement may never become a frequent one, for private groups are normally not organized for educational purposes. Nevertheless, some so situated as to be able to collaborate effectively with a school of medicine or teaching hospital may wish to participate in the education of primary physicians. Good opportunities of this kind should be seized, and a variety of experimental programs should be tried.

Of course, the commission also has stated that the ideal place for a primary physician is in group practice.¹⁴

At the request of the Committee on Medical Education of the New York Academy of Medicine, Doctor Isidore Sternlieb and his Subcommittee on Preceptorship Programs, in cooperation with the New York State Academy of Family Physicians, reviewed some of the experiences that the Academy of Family Physicians has had with its preceptorship program over the years from 1969 through 1973. During this period the Academy of Family Physicians had solicited and received comments from 51 practicing physicians who were acting as preceptors and from 53 participating students.

All preceptors found one or all of these three main gratifications:

- 1) They believed that being chosen as preceptors marked recognition as excellent physicians.
- 2) They enjoyed this form of teaching and found that it kept them on their toes.
- 3) They were happy to have an opportunity to influence new doctors to become primary-care physicians.

The students reported these gratifications:

- 1) They were pleased to see the differences between what they termed "real office practice" and "ivory tower medicine."
- 2) They came to understand the economics of health care.
- 3) They had the satisfaction of learning how to establish rapport with patients and families.
- 4) They appreciated "one-to-one" or individual learning as opposed to group training in medical school.

A questionnaire mailed in 1974 by the Committee on Medical Education to physicians participating in the preceptorship program of the New York State Academy of Family Physicians also resulted in general agreement on the value of the program and the advantages accruing from it to both the preceptor and the student. Again, as in the United Kingdom, studies evaluating the preceptorship programs in the United States have been based largely on opinion.

Insofar as the effects of such programs on the quality of medical practice are concerned, it may be too much to expect any hard, factual data. As Haggerty has said,² "There are relatively few data to convince the skeptic that primary care does improve the health of populations. In fact, it must be recognized that the improvement of health that re-

sults from provision of any type of medical program will be marginal at best."

Unfortunately, we also lack hard data indicating that preceptorship programs induce participating medical students to go into family practice or other forms of primary care.

After giving due consideration to the state of affairs described above, the Committee on Medical Education has concluded:

1) Judging by the enthusiasm expressed by participating students, some preceptorship programs probably do have educational merit, and further development of such programs may be indicated. If this is done, however, it should proceed only in association with well-planned prospective studies designed so as to permit evaluation of the educational merit and social value of such programs.

2) If added to the curriculum, the preceptorship program should be an elective for all medical students and should be an addition to the present curriculum, either as a replacement for outpatient ambulatory care or community medicine, or simply as an alternative elective.

3) The preceptorship program should be offered to the medical student during the second half of his medical-school career. The program's duration should be for not less than one nor more than two months.

4) The preceptors should be chosen by the involved medical schools, which would reward them with appropriate clinical faculty titles.

It was, further, the strongly expressed opinion of the committee that the medical student should not be paid for his services while he is with his preceptor.

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